



# NAKAMICHI

## SECURITIES LIMITED

CLIENT NAME			
KYC NO.	TRADING CLIENT CODE	A/C. OPENING DATE	CLIENT DP ID

**NAKAMICHI SECURITIES LIMITED** **DP ID-IN304004** **CIN No. : L67120WB1990PLC048496**

PLEASE READ "NSL" AS "NAKAMICHI SECURITIES LIMITED" WHERE EVER IT APPEARS.

REGISTERED OFFICE	BINOY BHAWAN, 27B, CAMAC STREET, 4TH FLOOR, KOLKATA - 700 016, TEL : 033 40175200
CORRESPONDENCE & CORPORATE OFFICE	4TH FLOOR, 27B CAMAC STREET, KOLKATA 700016. TEL.: +91 33 4017 5200. FAX: +91 33 4062 9271. EMAIL: investorcell@nakamichi.co.in
COMPLIANCE OFFICER NAME, TEL & EMAIL	RAJESH SHARMA +91 33 4017 5200, compliance@nakamichi.co.in
DIRECTOR NAME, TEL & EMAIL	SARITA TIBREWALA. +91 33 4017 5200. sarita@nakamichi.co.in

### CLEARING MEMBER

**AXIS BANK LIMITED**, Capital Market Division, Jeevan Prakash Road, Sir P M Road, Fort, Mumbai – 400001.

Tel. : 022-4086 7521 - 25. Email ID - vinay.tejuja@axisbank.com./

**SEBI REGISTRATION NUMBER : INZ000197136**

### SEBI REGISTRATION NUMBERS & DATE

NATIONAL STOCK EXCHANGE OF INDIA LIMITED	CAPITAL MARKET SEGMENT	INB230856533	12.01.1996
NATIONAL STOCK EXCHANGE OF INDIA LIMITED	FUTURES & OPTIONS SEGMENT	INF230856533	16.02.2005
NATIONAL STOCK EXCHANGE OF INDIA LIMITED	CURRENCY DERIVATIVES SEGMENT	INE230856533	23.10.2009
BSE LTD.	CAPITAL MARKET SEGMENT	INB010856533	01.10.2010
BSE LTD.	FUTURES & OPTIONS SEGMENT	INF010856533	01.10.2010
BSE LTD.	CURRENCY DERIVATIVES SEGMENT	INB010856533	10.03.2014
NATIONAL SECURITIES DEPOSITORY LTD.		IN-DP-NSDL-348-211	16.11.2011

Note : As per sebi circular ref. SEBI/HO/MIRSD/MIRSD1/CIR/P/2017/104, our single registration no. is INZ000197136, dated 03.09.2018. NSDL-DP Registration No. IN-DP-315-2017, renewed on 01.03.2017.

### INVESTORS GRIEVANCES

For any grievance/dispute, please contact NAKAMICHI SECURITIES LIMITED at the above address or email us at our

Investor Grievance Email ID - investorcell@nakamichi.co.in and call us at +91 33 4017 5200.

*In case not satisfied with the response, please contact the concerned exchange(s)*

NATIONAL STOCK EXCHANGE OF INDIA LIMITED	ignse@nse.co.in	1800 22 0058
BSE LTD.	is@bseindia.com	022-2272 8097
SECURITIES AND EXCHANGE BOARD OF INDIA	investorcomplaints@sebi.gov.in	022-2644-9000

You can also lodge your grievances with SEBI <https://scores.gov.in>. For any queries, feedback or assistance, please contact SEBI Office on toll free help line at 18002667575.

Disclosure of proprietary Trading pursuant to SEBI Circular No. : SEBI/MRD/SE/Cir-42/2003 dated 19th Nov., 2003, NSE Circular No. : NSE/INVG/PRE/2003/16 Dated 25th Nov., 2003 and BSE Notice No. : 20031125-7 dated 25th Nov., 2003  
We Nakamichi Securities Ltd. are also engaged in proprietary trading apart from Client based business on all the segments at all the Exchanges.

# NAKAMICHI SECURITIES LIMITED

## INDEX OF DOCUMENTS

### MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI & EXCHANGES- For Trading Account

S.NO.	NAME OF THE DOCUMENT AND ITS BRIEF SIGNIFICANCE	PAGE NOS.
1.	<b>Account Opening Form</b>	
Part I	A. KYC form - Document captures the basic information about the constituent and an instruction/check list.	
Part II	B. Document captures the additional information about the constituent relevant to trading account.	
	C. Instruction/check list of additional information form	A1-A4
2.	<b>Tariff sheet</b> Document detailing the rate/amount of brokerage and other charges levied on the client for trading on stock exchange(s)	A5

**Note :** Standard Mandatory Documents viz. Rights & obligations of Stock Broker, Sub-broker and client for trading on exchanges (including additional rights and obligations in case of internet/wireless technology based trading, Uniform Risk Disclosure Documents and Guidance Note detailing Do's and Don'ts for trading, are available in physical/electronic mode as per your choice marked in on page A4

3.	Policies and Procedures Documents describing significant policies and procedures of the stock broker	
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### VOLUNTARY DOCUMENTS AS PROVIDED BY THE STOCK BROKER

B13-B14

4.	Authority letter for Running Account of Funds & Securities	C1
5.	Authority to debit Demat charge and Acknowledgment Receipt	C2
6.	Mandate to issue documents in Electronic Format	C3
7.	Consent Letter for E-mail and mobile alert facility	C4

### OTHERS

8.	FATCA / CRS Declaration Forms	C5-C9
9.	Information prevention of money laundering act, 2002 (PMLA)	C10
10.	Declaration by Client in relation to PMLA, 2002	C10

### DEMAT ACCOUNT OPENING FORM

1.	Account Opening Form.	D1-D3
2.	Authorised Signatory / Mode of Operation form	D4
3.	Charge Structure	D5
4.	Declaration for same Mobile No. / E-mail ID for different clients	D6

### RIGHT & OBLIGATION

6.	Acknowledgment for the receipt of documents	D7
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Note : The formats for Board Resolution and other declaration are available on our website : [www.nakamichi.co.in](http://www.nakamichi.co.in)

C. OTHER DETAILS		FOR NON INDIVIDUALS ONLY	
Details of Promoters / Partners / Karta / Trustees & Whole Time Directors and persons authorized to deal in securities on behalf of Company/Firm/ Others forming a part of KYC Application Form for Non Individuals			
	1st SIGNATORY	2nd SIGNATORY	3rd SIGNATORY
FULL NAME			
DESIGNATION			
Relationship With Applicant (i.e. promoters, whole time directors etc.)			
DATE OF BIRTH			
RESIDENTIAL / REGISTERED ADDRESS			
CITY/TOWN/VILLAGE			
PIN			
STATE			
COUNTRY			
TEL. (0)			
MOBILE			
PAN			
AADHAR Number (i.e. Promoter / Partner / Karta)			
DIN / UID Number (i.e. Whole time Directors)			
Equity % PSR Ownership Stake			
PROOF OF IDENTITY (POI)			
PROOF OF ADDRESS (POA)			
PHOTOGRAPHY	Please affix your recent passport size photograph and sign across it	Please affix your recent passport size photograph and sign across it	Please affix your recent passport size photograph and sign across it
SIGNATURE			
Whether Politically Exposed	PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO <input type="checkbox"/>	PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO <input type="checkbox"/>	PEP <input type="checkbox"/> RPEP <input type="checkbox"/> NO <input type="checkbox"/>

Name of the Auth. Signatory
Signature of the Auth. Signatory
Date

## BANK ACCOUNT DETAILS

	1st ACCOUNT	2nd ACCOUNT	3rd ACCOUNT
BANK NAME			
BRANCH NAME & ADDRESS			
BANK ACCOUNT NO.			
ACCOUNT TYPE (Saving / Current / Others - In case of NRI /NRE/NRO)			
MICR NO.			
IFSC CODE			

## DEPOSITORY ACCOUNT DETAILS

DP NAME			
DEPOSITORY NAME (CDSL / NSDL)			
DPID			
BENEFICIARY ID (BO ID)			
BENEFICIARY NAME 1			
BENEFICIARY NAME 2			
BENEFICIARY NAME 3			

## TRADING PREFERENCES

\* PLEASE SIGN IN THE RELEVANT SEGMENT AND BOXES WHERE YOU WISH TO TRADE. THE SEGMENT NOT CHOSEN SHOULD BE STRUCK OFF BY THE CLIENT.

EXCHANGES	SEGMENT			
	CASH	F & O	CURRENCY	SLBM
NSE				
BSE				

# if, in future, the client wants to trade on any new segment / new exchange, separate authorisation / letter should be taken from the client by the stock broker.

MANDATORY
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**PAST ACTIONS**

Details of any action / proceedings initiated / pending / taken by SEBI / Stock exchange / any other authority against the applicant/ constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the 3 years :

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**DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS**

*Are you Member of any stock Exchange /Y/N/ please specify*

*If client is dealing through the sub-broker, provide the following details :*

AP NAME		EXCHANGE REGN NO.
REGISTERED OFFICE ADDRESS		
PHONE	FAX	
EMAIL	WEBSITE	

**WHETHER DEALING WITH ANY OTHER STOCK BROKER**

(In case dealing with multiple stock brokers/sub-brokers, provide details of all)

NAME OF STOCK BROKER	NAME OF SUB-BROKER, IF ANY
CLIENT CODE	EXCHANGE
DETAILS OF DISPUTES / DUES PENDING FROM / TO SUCH STOCK BROKER / SUB - BROKER	

**ADDITIONAL DETAILS****GST Registration Details :**

Whether you wish to receive Physical Contract Note or Electronic Contract Note (ECN) (Please specify) : \_\_\_\_\_

Specify your Email id, if applicable : \_\_\_\_\_

Whether you wish to avail of the facility of internet trading / wireless technology (Please specify) : (YES/NO)

Number of years of Investment / Trading Experience

Any change in the email id shall be communicated by the client through a physical letter to us. In respect of internet clients, the request for change of email id may be made through the secured access by way of client specific user id and password.

Whether you wish to receive the standard documents - Rights and Obligations, Risk Disclosure Document (RDD), (do's and Don'ts for trading) and Guidance note Physically or electronically, (Please specify \_\_\_\_\_) .  
Please note that these documents are also available in certain vernacular languages on demand.

Mode of Receiving statement of Account (Tick any one) ☐ Physical Form ☐ Electronic Form

In case of Non-Individuals, name, designation, PAN, UID, signature, residential address and photographs of persons authorised to deal in securities on behalf of the Company / Firm / Others :

Any other information

**INTRODUCER DETAILS (OPTIONAL)**

NAME OF THE INTRODUCER (SURNAME - NAME - MIDDLE NAME)		
STATUS OF THE INTRODUCER	<input type="checkbox"/> Sub -BROKER <input type="checkbox"/> Remisier <input type="checkbox"/> Authorized Person <input type="checkbox"/> Employee <input type="checkbox"/> Existing Client <input type="checkbox"/> Other, please specify .....	
ADDRESS OF THE INTRODUCER		
MOBILE / PHONE OF THE INTRODUCER		SIGNATURE OF THE INTRODUCER

**MANDATORY**

TARIFF SHEET					MANDATORY
	%	MINIMUM (PAISA)	MINIMUM AMOUNT	ROUND OFF	FLAT/ PER LOT/ PER MONTH
Delivery					
Sq. Off					
Futures					
Options					
Currency Futures					
Currency Options					

Minimum processing Fees (Rs. 20/- less Brokerage) would be charged.

(The above rates are exclusive of STT, GST, Stamp Duty, SEBI Fee, Transaction Charges & others charges, if any, which will be separately charged as per applicable rates from time to time )

CLIENT CODE



SIGNATURE OF THE CLIENT

DECLARATION																					
<p>1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case of the above information is found to be false or untrue or misleading or misrepresenting. I/am/we aware that I/we may be held liable for it.</p>																					
<p>2. I/We confirm having read/been explained and understood the content of the document on policy and procedures of the stock broker and tariff sheet.</p>																					
<p>3. I / We further confirm having read and understood the contents of the rights and obligations document(s) and 'Risk disclosure documents. I / We do hereby agree to be bound by such provisions as outlined in these documents. I/we have also been informed that the standard set of documents has been displayed for information on stock broker's designated website, if any.</p>																					
<p>✓</p> <p>SIGNATURE OF THE CLIENT / (All) AUTHORIZED SIGNATORY (ies)</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> </table> <p>PLACE</p>											D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y														

### FOR OFFICE USE ONLY

Client ID allotted to the Client \_\_\_\_\_

	DOCUMENTS VERIFIED WITH ORIGINALS	CLIENT INTERVIEWED BY	IN-PERSON VERIFICATION DONE BY
Name of the Employee			
Designation & Employee Code			
Date & Place			
Signature of the Employee			

We undertake that we have made the client aware of "Policy and Procedures", tariff sheet and all the non-mandatory documents. We have also given / sent him a copy of 'Rights and Obligations' document (s), Risk Disclosure Document (RDD), Guidance Note and made him aware of the contents therein. We have given/sent him a copy of all the KYC documents. We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. We also undertake that any change in the 'Rights and Obligations' and Risk Disclosure Document (RDD) would be made available on our website for the information of the clients.

NAME OF THE AUTHORISED SIGNATORY		SEAL / STAMP OF THE INTERMEDIARY																			
SIGNATURE OF THE AUTHORISED SIGNATORY	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> </table>												D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y														

MANDATORY

## AUTHORITY LETTER FOR RUNNING ACCOUNT OF FUNDS AND SECURITIES

To  
**NAKAMICHI SECURITIES LIMITED**  
Binoy Bhawan, 27B, Camac Street, 4th Floor,  
Kolkata - 700 016

Dear Sir,

1. With reference to my/our trading account opened with you, I/we request you to maintain a running account for funds on my/our behalf without settling the account on settlement of each transaction. I/We further request you to retain all amounts and securities receivable by me/us until specifically requested by me/us to be settled within one working day or request, if the same is lying with Broker.
2. I/we understand and agreed that no interest will be payable to me/us on the funds or securities so retained with you.
3. I/we may be trading in derivatives segment & cash segment of various Exchanges and hence have various accounts with you. In this regard I/we hereby authorize Broker to act at its discretion of adjusting any credit balance under my/our various accounts against the debit in any account across segments/Exchange, without taking any further instruction from me/us.
4. I/We also confirm that the securities lying in Client collateral A/c/ Collateral account for onward transfer to CC/CM should be considered as margin deposit / collateral.
5. I/we authorize you to set off a part or whole of the margin deposited by me/us against any of my/our dues, by appropriating relevant amount of fund or by sale of securities which form part of margin in the Client collateral account/Collateral Account for onward transfer to CC/CM.
6. I/we hereby authorize you to pledge my/our securities deposited as margin by you as, permitted in the running account and to deposit my / our funds deposited as margin to Exchanges/Clearing Corporations towards margin.
7. I/We may revoke the authorisation at any time by giving a written notice.
8. I/we also agree that the actual settlement of fund and securities shall be done by us, at least once in a calendar quarter or month and the statement of account for the same will be provided to me by Broker.
9. I/we agree that fund given towards collateral/margins in form of bank guarantee (BG) / Fixed Deposit Receipts (FDR) may not be periodically settled.
10. I/we agree that (a) in respect of derivatives market transactions, the Trading Member may retain the requisite Securities / funds on settlement date to take care of any margin obligation arising in next 5 days, calculated in the manner specified by the Exchange, (b) in respect of cash market transactions, the Trading Member may retain entire pay-in obligation of funds & securities due from me / us as on the date of settlement and for next day's business, the Trading Member may retain funds / securities/ margin to the extent of value of transactions executed on the day of such settlement.
11. I / we agree / understand that there shall be no inter-client adjustment for the purpose of settlement of the running account.
12. I / we shall bring any dispute arising from the statement of account or settlement so made to the notice of the Trading. Member preferably within 7 working days from the date of receipt of funds/ securities or statement as the case may be.
13. There must be a gap of maximum 90/30 days (as per the choice of the client viz. Qtrly / Monthly) between two running account settlements.
14. I/We Authorize you to retain an amount upto Rs. 10000/- ( Consolidated amount across segments and across stock exchanges) for actual settlement of that respective traded quarter / month.

### PREFERENCE OF CLIENT FOR SETTLEMENT OF RUNNING ACCOUNT (FUNDS & SECURITIES)

Settlement Preference

Monthly ☐

Quarterly ☐

Thanking you,

Yours faithfully,

✓

Signature

(Note : To be signed by person himself/ herself and not to be signed by his / her attorney / authorised person etc.)

**AUTHORITY TO DEBIT DEMAT CHARGES**

VOLUNTARY

To  
**NAKAMICHI SECURITIES LIMITED**  
27B, Camac Street  
4th Floor, Kolkata - 700 016

D	D	M	M	Y	Y	Y	Y

Dear Sir,

I/We hereby authorise you to debit the trading account maintained with NSL for the demat charges payable to NSL as Depository Participant for providing depository services. Any such sum debited to my / our account shall be binding on me/us.

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**CLIENT CODE**

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**SIGNATURE OF THE CLIENT****ACKNOWLEDGMENT REPORT**

VOLUNTARY

To  
**NAKAMICHI SECURITIES LIMITED**  
27B, Camac Street  
4th Floor, Kolkata - 700 016

D	D	M	M	Y	Y	Y	Y

Dear Sir,

Sub : Acknowledgment for receipt of Account Opening Form, Rights & Obligations, Risk Disclosure Document., Policy and Procedures, Tariff Sheet specifying various charges and other documents executed.

This has reference to my / our aforesaid trading account with you. In this connection I/we hereby acknowledge the receipt of copy of Account Opening Form, Rights & Obligations, Risk Disclosure Documents Policy and Procedures, Tariff Sheet specifying various charges and other documents executed by me / us in favour of the Company, it also includes in **Index page listing all documents required for registration**, indicating briefly significance of each document.

Further, I / we have also agreed and understood all the mandatory and voluntary clauses of the aforesaid agreements. Email ID noted with you (for ECN and other purposes) is correct.

Also I/we have been informed that I/we can inform my/our grievance & complaint to **Nakamichi Securities Limited** on their Email ID : investorcell@nakamichi.co.in

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**CLIENT CODE**

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**SIGNATURE OF THE CLIENT**

To  
**NAKAMICHI SECURITIES LIMITED**  
27B, Camac Street  
4th Floor, Kolkata - 700 016

D	D	M	M	Y	Y	Y	Y

Dear Sir,

**Re. : Electronic Contract Note (ECN)**

This has reference to the facility of receiving Contract notes, Daily Margin Statement, Quarterly Statement and other documents in Electronic form issued by you in compliance with regulations and guidelines issued by SEBI and Stock Exchanges. I/We understand that ECN are valid legal contract notes as per Stock Exchange / SEBI Rules and recognized under Income Tax Act, as well as other Acts in India

Therefore, the ECN shall be an accepted form of Contract Note to me / us and should be mailed to the following e-mail id(s)

E-mail Id (a) \_\_\_\_\_  
(Primary - compulsory)

✓ \_\_\_\_\_  
Signature of Client

(b) \_\_\_\_\_  
(Alternate - Optional)

✓ \_\_\_\_\_  
Signature of Client

I/We wish to inform you that I/We would like to avail of this facility. In this regard we state the following

1. This is to further confirm that it will be my/our responsibility that my/our email account is active and mail box is not full and the non receipt of the bounced main notification at your end shall amount to delivery of the ECN at my / our email-Id.
2. I/we undertake to check the ECNs and discrepancy if any shall be brought to to your notice within 24 hours of the issuance of contract notes.
3. You are authorized to send me/us account statement/other documents/other notices/correspondence periodically through the same channel.
4. I/We undertake that any change in my/our Email ID shall be communicated to to you in writing through a physical letter.

Kindly take the above into your record and oblige. Thanking you,  
Yours truly,

✓ \_\_\_\_\_  
Signature of Client

Name \_\_\_\_\_

Note : Our Website name is [www.nakamichi.co.in](http://www.nakamichi.co.in) You will be provided with User ID separately to check all your contract notes uploaded one a secured platform in the above mentioned website. You are also requested to change your User ID Password once it is intimated to you via secured platform

## CONSENT LETTER FOR EMAIL AND MOBILE ALERT FACILITIES

To  
**NAKAMICHI SECURITIES LIMITED**  
27B, Camac Street  
4th Floor, Kolkata - 700 016

D	D	M	M	Y	Y	Y	Y

Dear Sir,

This is with reference to my/our trading account opened with you : I / We request you arrange facility of receiving email and/or mobile alert facility issued by Exchange in compliance with regulation and guidelines issued by authorities from time to time

Email Facility	Service Required - YES <input type="checkbox"/> NO <input type="checkbox"/>
Email ID	
Owned by - Name	
- PAN Number	
Relationship with Client	
Signature of the Client	✓
SMS Facility	Service Required - YES <input type="checkbox"/> NO <input type="checkbox"/>
Mobile Number	
Owned by - Name	
- PAN Number	
Relationship with Client	
Signature of the Client	✓

\* Please specify the Name and PAN detail in case email id and / or Mobile Number is other than that of the client.

In this regards we state the following

1. This is to further confirm that it will be my / our responsibility that my/our Email - ID and/or Mobile Number are active and the relevant Inbox is not full. Further, the trading member will not be held liable for the mails and/or SMS that are not received.
2. I/We undertake that any change in my / our Email. ID and/or Mobile Number shall be communicated to you in writing through a physical letter.
3. I/We agree that this authority shall be valid, until it is revoked by me/us at any time by giving a written notice to Nakamichi Securities Ltd.

Signature : ✓ \_\_\_\_\_

## FATCA/CRS DECLARATION FORM NONINDIVIDUAL

Applicant Name \_\_\_\_\_

### PART I

A. Is the account holder a Government body/International Organization/listed company on recognized stock exchange:

☐ Yes ☐ No

*If "No", then proceed to point B. If "yes" please specify name of stock exchange, if you are listed company \_\_\_\_\_ and proceed to sign the declaration.*

B. Is the account holder a (Entity/Financial Institution) tax resident of any country other than India : ☐ Yes ☐ No

*If "yes", then please fill of FATCA/ CRS Self certification Form. If "No", proceed to point C.*

C. Is the account holder an Indian Financial Institution : ☐ Yes ☐ No

*If "yes", please provide your GIIN, if any \_\_\_\_\_. If "No", proceed to point D.*

D. Are the Substantial owners or controlling persons in the entity or chain of ownership resident for tax purpose in any country outside India or not an Indian citizen : ☐ Yes ☐ No

*If "yes", (then please fill FATCA/ CRS self-certification form)). If "No", proceed to sign the declaration.*

### CUSTOMER DECLARATION

( ) Under penalty of perjury, I/we certify that :

1. The applicant is:

- (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S.,
- (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

- (i) I/We understand that Nakamichi Securities Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. Nakamichi Securities Ltd. is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.
- (ii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
- (iii) I/We agree that as may be required by domestic regulators/tax authorities Nakamichi Securities Ltd. may also be required to report, reportable details to CDBT or close or suspend my account.
- (iv) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant.

Name of the Entity \_\_\_\_\_

Signature 1 \_\_\_\_\_ Signature 2 \_\_\_\_\_

Signature 3 \_\_\_\_\_ (As per MOP)

Date : \_\_\_\_\_

## PART II

### Self-Certification Form (Entity) for Foreign Account Tax Compliance Act ("FATCA") and Common Reporting Standards (CRS)

#### Section 1 : Entity information

Name of Entity \_\_\_\_\_

Customer id (if existing) \_\_\_\_\_

Entity Identification type : ☐ Tax Identification Number (TIN) ☐ US GIIN ☐ Company Identification Number  
☐ Global Entity Identification Number (EIN) ☐ Other

#### Section 2 : Classification of Non-Financial entities

I/We (on behalf of the entity) certify that the entity is :

a) An entity incorporated and taxable in US (Specified US person) : ☐ Yes ☐ No

If "Yes", please provide your U.S. Taxpayer Identification Number (TIN) \_\_\_\_\_

b) An entity incorporated and taxable outside of India (other than US) : ☐ Yes ☐ No

If "Yes", please provide your TIN or its functional equivalent \_\_\_\_\_

Provide your TIN issuing country \_\_\_\_\_

c) Please provide the following additional details if you are not a Specified US Person :

##### FATCA / CRS classification for Non-financial entities (NFFE)

- ☐ Active NFFE ☐ Passive NFFE without any controlling Person  
☐ Passive NFFE with Controlling Person(s) : ☐ US ☐ Others  
☐ Direct Reporting NFFE (Choose this if any entity has registered itself for direct reporting for FATCA and thus Nakamichi Securities Ltd. is not required to do the reporting)

Please provide GIIN number : \_\_\_\_\_

#### Section 3 : Classification of Financial Institutions (Including Banks)

I/We (on behalf of the entity) certify that the entity is :

a) An entity is a U.S. financial Institution : ☐ Yes ☐ No

If "Yes", (i) Please provide your Taxpayer Identification Number (TIN)

(ii) Please provide GIIN, if any \_\_\_\_\_

If "No", please tick one of the following boxes below :

##### FATCA classification

Please provide the Global intermediary  
Identification number (GIIN) or other information where

- ☐ Reporting Foreign Financial Institution in a Model 1  
Inter-Government Agreement ("IGA") Jurisdiction \_\_\_\_\_
- ☐ Reporting Foreign Financial Institution in a Model 2  
IGA Jurisdiction \_\_\_\_\_
- ☐ Participating FFI in a Non-IGA Jurisdiction \_\_\_\_\_
- ☐ Non-reporting FI \_\_\_\_\_
- ☐ Non-Participating FI \_\_\_\_\_
- ☐ Owner-Documented FI with specified US owners \_\_\_\_\_

#### Section 4 : Controlling person declaration

if you are classified as “**Passive NFFE with Controlling Person(s)**” or “**Owner documented FFI**” or “**Specify US person**”, please provide the following details :

Name of controlling person	Correspondence Address	Country of residence for tax purpose	TIN	TIN issuing country	Controlling person type

Details	Controlling person 1	Controlling person 2	Controlling person 3	Controlling person 4	Controlling person 5
Identification Type					
Identification Number					
Occupation Type					
Occupation					
Birth Date					
Nationality					
Country of Birth					

#### Section 5 : Declaration

(i) Under penalty of perjury, I/We certify that :

1. The number shown on this form is the correct taxpayer identification number of the applicant, and
2. The applicant is (I)an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof, or
3. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

(ii) I/We understand that Nakamichi Securities Ltd. is relying on this information for the purpose of determining the status of the applicant named above in compliance with CRS/FATCA. Nakamichi Securities Ltd. is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/We shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form with 30 days if any information or certification on this form gets changed.

(iv) I/We agree as may be required by Regulatory authorities, Nakamichi Securities Ltd. shall be required to comply to report, reportable details to CBDT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

**I/we hereby confirm that details provided are accurate, correct and complete**

✓

\_\_\_\_\_  
Authorized Signatories and Company Seal (if applicable)

Name \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

# DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP

(Mandatory For Non-Individuals)

Investor Name \_\_\_\_\_ PAN \_\_\_\_\_

## Part I - LISTED COMPANY / ITS SUBSIDIARY COMPANY [If applicable, Part II Not Applicable]

We hereby declare that the Applicant / Owner of the controlling interest in the applicant

☐ is a Company listed on a Stock Exchange

☐ is a majority-owned subsidiary of a Company listed on a Stock Exchange

Name of the holding/ parent company (with % share) \_\_\_\_\_

Name of such Listed Company (if not the Applicant itself) \_\_\_\_\_

Stock Exchange where listed \_\_\_\_\_ Security ISIN \_\_\_\_\_

## Part II - OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

Name & Address of the Ultimate Beneficial Owner [UBO]	PAN or any other identification proof where PAN not applicable	Country of tax residency	% d beneficial interest in the Applicant	Whether Politically Exposed ?	UBO Code (see instruction next page)
(1)					
(2)					
(3)					

If UBO is already KYC complied, KYC complied proof to be enclosed. Else PAN or any other valid identity proof and address proof must be attached (self certified by the UBO and Certified by the applicant)

## Part III - OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY

We understand that Nakamichi Securities Ltd. is relying on this information for the purpose of determining the beneficial ownership of the account. We certify that the information we provided on this form is true and complete to the best of our knowledge and belief. We agree to submit a new form within 30 days if any information or certification on this form gets changed.	<div>_____</div> <div>Authorised Signatory [with seal]</div> <div>Date : _____ Place : _____</div>
--	--

In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit.

## **GENERAL INFORMATION & INSTRUCTIONS**

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

### **Ultimate Beneficiary Owner [UBO] :**

#### **A. For Investors other than individuals or trusts :**

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to :
  - more than 25% of share or capital or profits of the juridical person, where the juridical person is a company;
  - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
  - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In case where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

#### **B. For Investors which is a trust :**

The identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

#### **C. Exemption in case of listed companies/foreign investors**

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such a company. Intermediaries dealing with foreign investors viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, identification of beneficial ownership of the client.

### **UBO Code Description**

● UBO-1 : Controlling ownership interest of more than 25% of shares or capital or profits of the Applicant, where the Applicant is a company ● UBO-2 : Controlling ownership interest of more than 15% of the capital or profits of the Applicant, is a partnership ● UBO-3 : Controlling ownership interest of more than 15% of the property or capital or profits of the Applicant, where the Applicant is an unincorporated association or body of individuals ● UBO-4 : Natural person exercising control over the Applicant through other means i.e., exercised through voting rights, agreement, arrangements or in any other manner [In cases where there exists doubt under UBO-1 to UBO-3 above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests]. ● UBO-5 : Natural person who holds the position of senior managing official [In case no natural person could be identified as above] ● UBO-6 : The settlor(s) of the trust ● UBO-7 : Trustee(s) of the Trust ● UBO-8 : The protector(s) of the Trust [if applicable] ● UBO-9 : The beneficiaries with 15% or more interest in the trust if they are natural person(s) ● UBO-10 : Natural person(s) exercising ultimate effective control over the Trust through a chain of control or ownership.

# VOLUNTARY INFORMATION PROVIDED BY THE CLIENT IN RELATION TO THE PREVENTION OF MONEY LAUNDERING ACT 2002

Name of Client :

If Business / Profession : Nature of business : \_\_\_\_\_

Industry : \_\_\_\_\_

Details of my / our Relatives, having account with **Nakamichi Securities Ltd.**

Name	Relationship	UCC (Client Code)
1.		
2.		
3.		
4.		

Details of the Corporate / Partnership Firm / Trust etc. where I/we am/are affiliated

Name	Entity Type	Nature of Business	Relationship	UCC (Client Code)
1.				
2.				
3.				
4.				

I/We hereby submit and agree to submit every year following documents to **Nakamichi Securities Ltd.** before the due date as prescribed by **Nakamichi Securities Ltd.**

1. Profit and Loss Account & Capital Account
2. Balance Sheet
3. Self attested copy of Income Tax Return (If return not available, I/we will furnish Form 16)
4. Copy of Form 16 in case of Salary Income
5. Any other document providing financial details of the client.

I/We confirm that I/we will immediately inform Nakamichi Securities Ltd. in case I/we am / are convicted under any grounds of any action is taken against me / us by any authority (ies)

I/We intend to invest in the stock market with : ☐ Own Funds ☐ Borrowed Funds  
(in Borrowed Funds, then please specify below Sources of funds)

Sources of Borrowed Funds (if any)	Amount ( )

I/We hereby declare that I/we am / are beneficial owner of the Trading / On-line account opened with Nakamichi Securities Ltd., and that I/we am/are investing my/our own funds with **Nakamichi Securities Ltd.**



Client Signature

Client Name

## For Office use only :

Risk categorisation of client as per PMLA, 2002 : High Risk Medium Risk Low Risk

Verified by : \_\_\_\_\_

Authorised & Approved by : \_\_\_\_\_



**NAKAMICHI**  
SECURITIES LIMITED

**Regd. Office : BINOY BHAWAN, 27B, CAMAC STREET,  
4TH FLOOR, KOLKATA - 700 016  
Tel : 033 40175200, E-mail : dp@nakamichi.co.in.**

CLIENT ID										Date										D	D	M	M	Y	Y	Y	Y
(To be filled by Participant)																											
I/We request you to open a depository account in our name as per the following details :																											
(Please fill all the details in CAPITAL LETTERS only)																											
A) DETAILS OF ACCOUNT HOLDER(S) :																											
		Name								PAN																	
Sole / First Holder																											
Second Holder																											
Third Holder																											
B) Type of Account		<input type="checkbox"/> Body Corporate																									
		<input type="checkbox"/> FI																									
		<input type="checkbox"/> FII																									
		<input type="checkbox"/> HUF																									
		<input type="checkbox"/> Qualified Foreign Investor																									
		<input type="checkbox"/> Mutual Fund																									
		<input type="checkbox"/> Trust																									
		<input type="checkbox"/> Bank																									
		<input type="checkbox"/> CM																									
		<input type="checkbox"/> Others (Please specify) _____																									
C) For Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the partner(s), trustee(es) etc., the name & PAN of the Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below :																											
Name										PAN																	
D) Income Details (please specify) - Income Range per annum :																											
Below ₹ 20 Lac      ₹ 20-50 Lac      ₹ 50 Lac-1 Crore      Above ₹1 Crore, and																											
Networth Amount ₹												as on (Date)		D	D	M	M	Y	Y	Y	Y						
(Networth should not be older than 1 year)																											
E) In case of FIIS / Others (as may be applicable)																											
RBI Approval Reference No.												RBI Approval date		D	D	M	M	Y	Y	Y	Y						
SEBI Registration Number (for FIIS)																											

**BANK DETAILS**

<b>Bank A/c Type</b>	<input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____		
<b>Bank A/c. No.</b>			
<b>Bank Name</b>			
<b>Branch Address</b>			
<b>City/town/village</b>		<b>Pin Code</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>State</b>		<b>Country</b>	
<b>MICR Code</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>IFSC</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**G) Please tick, if applicable, For any of your authorised Signatories / Promoters / Partners / Karta / Trustees / Wholetime Director :** ☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP)

**H) Clearing Member Details (to be filled up by Clearing Member only) :**

1) Name of Stock Exchange	
2) Name of Clearing Corporation / Clearing House	
3) Clearing Member ID	
4) SEBI Registration Number	
5) Trade Name	
6) CM-BP-ID (to be filled up by Participant)	

**I) Standing Instructions :**

1) I/We authorise you to receive credit automatically into my/our account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SMS Alert facility :		
3) Sole / First Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	Second Holder <input type="checkbox"/> Yes <input type="checkbox"/> No	Third Holder <input type="checkbox"/> Yes <input type="checkbox"/> No
4) Mode of receiving the standard document-Rights and Obligations of Beneficial Owner and Depository Participant (Tick any one)		
		<input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form
5) Mode of receiving Statement of A/c. (Tick any only) <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form		
(Read note 3 insure that e-mail ID is provided in KYC application form)		
6) I/We would like to instruct the DP to accept all the pledge instructions of my / our account without any other further instruction from my / our end (if not marked, the default option would be 'No.')		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
7) I/We would like to share the E-mail ID with the RTA		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Option to received annual report. AGM Notice & other communication from issuers in Physical Form <input type="checkbox"/> Electrical form <input type="checkbox"/>		
9) <b>DIS Booklet (please tick any one)</b>		
<b>Option for issuance of DIS booklet alongwith account opening</b> (To be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stick broker Participant/portfolio Manager and do not intend to open a Basic Services Demat Account)		<input type="checkbox"/> I/We do not wish to receive the DIS booklet with account opening However, the DIS booklet should be issued to me/us on my/our request at later date. <input type="checkbox"/> I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening

**J) List of family members (Separate Annexure maybe used in case number of members is higher)**

<b>Sr. No.</b>	<b>Name of Coparcener/Member</b>	<b>Gender</b>	<b>Date of Birth</b>	<b>Relation with Karta</b>	<b>Whether Coparcener/Member (please specify)</b>

**Declaration**

The rule and regulation of the Depository and Depository Participants pertaining to an account which are in force now have been read by us and we have understood the same and we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. We hereby declare that the details furnished above are true and correct to the best of our knowledge and belief and we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, we are aware that we may be held liable for it. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

**Authorised Signatories (Enclose a Board Resolution for Authorised Signatories)**

Sole/First Holder	Name	Signature(s)
First Signatory / KARTA of HUF		✓
Second Signatory		✓
Third Signatory		✓
<b>Others Holders</b>		
Second Holder		✓
Third Holder		✓
<b>Mode of Operation for Sole / First Holder (In case of joint holdings all the holders must signature In case of HUF this is not applicable)</b>		
<input type="checkbox"/> Any one singly		
<input type="checkbox"/> Jointly by		
<input type="checkbox"/> As per resolution		
<input type="checkbox"/> Others (Please specify)		

**NOTES :**

- In case of additional signature, separate annexures should be attached to the application form.*
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.*
- For receiving Statement of Account in electronic form :*
  - Client must ensure the confidentiality of the password of the email account.*
  - Client must promptly inform the Participant if the email address has changed.*
  - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.*
- Strike off whichever is not applicable.*

## NAKAMICHI SECURITIES LIMITED

**Regd. Office : BINOY BHAWAN, 27B, CAMAC STREET, 4TH FLOOR, KOLKATA - 700 016, TEL : 033 40175200**

E-mail : dp@nakamichi.co.in Website : www.nakamichi.co.in

Corporate & Correspondence Office : 4th Floor, 27B Camac Street, Kolkata-700 016

Tel. : +91 33 4017-5200, Fax : +91 33 4062-9271, CIN : L67120WB1990PLCO48496

DP ID : IN3040004 # SEBI REGN. No. : IN-DP-NSDL-348-2011

### SCHEDULE - A

Fee Head	Fee	
	Regular Account	Basic Services Demat Account
A/C Opening Charges	NIL	NIL
A/C Maintenance Charges*	For Ind. - Rs. 300 P.A. For Non - Ind. Rs. 1000P.A.	Quarterly Asset Holding Rs. 0 to 50,000 - Nil Rs. 50,001 to Rs. 2 lacs - Rs. 100 P.A.
Sale (Market & Off Market)	Rs. 15 per ISIN	Rs. 25 per ISIN
Dematerialisation Charges & Postage	Rs. 5 per Certificate & Rs. 50 per request	Rs. 10 per Certificate & Rs. 100 per request
Rematerialisation Charges	A fee of Rs. 10 for every 100 securities or part thereof, or a flat fee of Rs. 10 per certificate, whichever is higher plus Rs. 50 postal charges extra	A fee of Rs. 10 for every 100 securities or part thereof. Or a flat fee of Rs. 10 per certificate, whichever is higher plus Rs. 50 postal charges extra
Pledge (All Type)	0.015% of the value of shares (Per ISIN) Min. Rs. 25)	0.015% of the value of shares (per ISIN) (Min Rs. 25)
Instruction Failure	Rs. 15	Rs. 20
Demat Rejections	Rs. 20 per rejection plus Rs. 50 postal charges extra	Rs. 20 per rejection plus Rs. 50 postal charges extra

\* Maintenance charges payable at the time of opening the Account for the first year and in April of every subsequent year

- ❖ The value of securities held in the BSDA shall not exceed Rs. 2 lacs at any point of time. If the value of holding exceeds lacs, the charges as applicable to Regular Demat Account will be levied.  
Cheque Dishonour Charges Rs. 200.
- ❖ Delayed payment charges will be levied @ 24% p.a., if the payment is not received within next month from the date of
- ❖ Valuation of Securities will be as per price on day of transaction
- ❖ The charges are subject to revision at the DP's sole discretion.
- ❖ Additional Statement of Transactions will be charged at Rs. 20 per page per print.
- ❖ Dispatch of statement will be monthly / quarterly, as applicable.
- ❖ GST will be charged as applicable
- ❖ DiS Issuance charges Rs. 100/- will be charges in case of lost or misplaced.
- ❖ Charges quoted above are for the services listed above. Any services not quoted above will be charged separately.

PAYMENT DETAILS : Cheque / DD No.....dt.....drawn on.....on  
for Rs.....in favour of NAKAMICHI SECURITIES LIMITED.

✓

Signature of First / Sole Holder


✓

Signature of Second Holder

✓

Signature of Third Holder

**DECLARATION IN CASE OF SAME MOBILE NUMBER AND / FOR E-MAIL ID DIFFERENT CLIENTS**  
(Please tick ( ) wherever application)

DP ID		Client ID		Date	
<b>Name of Account Holder</b>					
Mobile Number					
Email ID					
I hereby declare that the aforesaid mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents)					
Signature of account holder					
Name of account holder					

Thanking you  
Your's sincerely

\_\_\_\_\_  
Sole (First) Holder

\_\_\_\_\_  
Second Holder

\_\_\_\_\_  
Third Holder

From :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D	D	M	M	Y	Y	Y	Y

To  
**NAKAMICHI SECURITIES LTD.**  
DP ID : IN304004  
27B, Camac Street, 4th Floor  
Kolkata - 700 016

Ref. : Acknowledgement for the receipt of documents

Dear Sir,

This is to acknowledge the receipt of the following documents viz.

- Copy of Executed KYC form
- Copy of Executed Power of Attorney ( DDPI CDEMAT DEBIT AND PLEDGE INSTROCTION)
- Charge Structure
- Copy of the 'Rights and Obligations
- Client Master Report
- Policy & Procedure
- Risk Disclosure Document

I/We hereby declare that I/We have the full intimation of the Client ID allotted to me/us.

Thanking you,

Yours truly,

✓ \_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Client Code

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.  
 B) Tick '✓' wherever applicable.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please fill the form in English and in BLOCK letters.  
 E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G) List of two character ISO 3166 country codes is available at the end.  
 H) Please read section wise detailed guidelines / instructions at the end.  
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

Application Type\*

☐ New ☐ Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

**1. ENTITY DETAILS\*** (Please refer instruction **A** at the end)
☐ Name\*

Entity Constitution Type\*

☐ Others (Specify)
(Please refer instruction **B** at the end)

Date of Incorporation / Formation\*

Date of Commencement of Business

Place of Incorporation / Formation\*

Country of Incorporation / Formation\*

TIN or Equivalent Issuing Country

PAN \*

☐ Form 60 furnished

TIN / GST Registration Number

**2. PROOF OF IDENTITY (PoI)\*** (Please refer instruction **B** at the end)
☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

Regn Certificate No.

☐ Memorandum and Articles of Association

☐ Partnership Deed

☐ Trust Deed

☐ Resolution of Board / Managing Committee

☐ Power of attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity Proof - 1 (For Sole Proprietorship Only)

☐ Activity Proof - 2 (For Sole Proprietorship Only)
**3. ADDRESS\*** (Please see instruction **C** at the end)**3.1 Registered Office Address / Place of Business\***

Proof of Address\*

☐ Certificate of Incorporation / Formation

☐ Registration Certificate

☐ Other Document

Line 1\*

Line 2

Line 3

District\*

PIN / Post Code\*

State / U.T Code\*

ISO 3166 Country Code\*

**3.2 Local Address in India (If different from Above)\***

Line 1\*

Line 2

Line 3

District\*

PIN / Post Code\*

State / U.T Code\*

ISO 3166 Country Code\*

**4. CONTACT DETAILS** (All communications will be sent to Mobile number/ Email-ID provided" may be used) (Please refer instruction **D** at the end)

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

**5. NUMBER OF RELATED PERSONS**

(Please refer instruction **E** at the end)

[illegible]

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[illegible]

Signature / Thumb Impression of Authorised Person(s)

Documents Received ☐ Certified Copies ☐ Equivalent e-document

[illegible]

Name

Code


- A Clarification / Guidelines for filing Entity Details section
- 1 Entity Constitution Type
- |  |   |   |
|--|---|---|
| A - Sole Proprietorship                                      | H - Trust   | O - Artificial Jurisdical Person  |
| B - Partnership Firm   | I - Liquidator                                    | P - International Organisation or Agency /Foreign Embassy or Consular Office etc. |
| C - HUF  | J - Limited Liability Partnership                 | Q - Not Categorized   |
| D - Private Limited Company                                  | K - Artificial Liability Partnership              | R - Others  |
| E - Public Limited Company                                   | L - Public Sector Banks                           | S - Foreign Portfolio Investors   |
| F - Society  | M - Central/State Government Department or Agency |   |
| G - Association of Persons (AOP) / Body of Individuals (BOI) | N - Section 8 Companies (Companies Act, 2013)     |   |
- 2 In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.
- B Clarification / Guidelines for filling 'Proof of Identity[Pol]' section
- 1 Activity Proof - 1 and Activity Proof - 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- 6 KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.
- C Clarification / Guidelines for filling 'Proof of Address [PoA]' section
- 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 2 Certified copy of document or equivalent e-document to be submitted.
- D Clarification / Guidelines for filling 'Contact Details' section
- 1 Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2 Do not add '0' in the beginning of Mobile number.
- E Clarification / Guidelines for filling 'Related Person Details' section
- 1 Personal Details
- The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2 Proof of Address [PoA]
- PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
  - State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
- 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- F Provision for capturing signature of multiple authorised persons is to be made by the RE.

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Nambia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	MZ	Taiwan province of china	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hongkong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire ICote d'Ivoire	CI	Korea, DemocraticPeople's Republic of	KP	Reunion IReunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao ICuracao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy ISaint BartheJemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

<b>Know Your Client (KYC)</b> <b>Application Form (For Non- Individuals Only)</b> <small>Please fill the form in ENGLISH and in BLOCK letters  Fields marked * are mandatory  Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also</small>	 <b>CDSL VENTURES LIMITED</b> <small>....Exploring New Horizons</small> <div style="border: 1px solid black; width: 100px; height: 70px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> Intermediary Logo </div>
Application Number: _____	
Application Type*: <input type="checkbox"/> New KYC <input type="checkbox"/> Modification KYC	
<b>1. Entity Details</b> (please refer guidelines)	
PAN* _____ <span style="float: right; font-size: small;">Please enclose a duly attested copy of your PAN Card</span> Name* (same as ID proof) _____ Date of Incorporation* _____ Place of Incorporation* _____ Date of Commencement* _____ Registration Number* _____ Entity Type* <div style="display: flex; justify-content: space-between; font-size: small;"> <div style="width: 20%;"> Please Tick (✓) </div> <div style="width: 80%;"> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Private Ltd. Co.</div> <div style="width: 50%;"><input type="checkbox"/> Public Ltd. Co.</div> <div style="width: 50%;"><input type="checkbox"/> Body Corporate</div> <div style="width: 50%;"><input type="checkbox"/> Partnership</div> <div style="width: 50%;"><input type="checkbox"/> Trust/Charity/NGO</div> <div style="width: 50%;"><input type="checkbox"/> HUF</div> <div style="width: 50%;"><input type="checkbox"/> FPI Category I</div> <div style="width: 50%;"><input type="checkbox"/> FPI Category II</div> <div style="width: 50%;"><input type="checkbox"/> AOP</div> <div style="width: 50%;"><input type="checkbox"/> Bank</div> <div style="width: 50%;"><input type="checkbox"/> Government Body</div> <div style="width: 50%;"><input type="checkbox"/> Defence Establishment</div> <div style="width: 50%;"><input type="checkbox"/> Body of Individuals</div> <div style="width: 50%;"><input type="checkbox"/> Society</div> <div style="width: 50%;"><input type="checkbox"/> LLP</div> <div style="width: 50%;"><input type="checkbox"/> Non-Government Organization</div> <div style="width: 50%;"><input type="checkbox"/> Others _____</div> </div> </div> </div>	
<b>2. Proof of Identity</b> <sup>+</sup> (please refer the guidelines)	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Officially Valid Document(s) in respect of person authorized to transact</div> <div style="width: 50%;"><input type="checkbox"/> Certificate of Incorporation/Formation _____</div> <div style="width: 50%;"><input type="checkbox"/> Registration Certificate _____</div> <div style="width: 50%;"><input type="checkbox"/> Memorandum of Articles and Association</div> <div style="width: 50%;"><input type="checkbox"/> Partnership Deed</div> <div style="width: 50%;"><input type="checkbox"/> Trust Deed</div> <div style="width: 50%;"><input type="checkbox"/> Board Resolution</div> <div style="width: 50%;"><input type="checkbox"/> Power of attorney granted to its manager, office, employees to transact on its behalf</div> <div style="width: 50%;"><input type="checkbox"/> Activity Proof –1<sup>+</sup> (For Sole Proprietorship Only)</div> <div style="width: 50%;"><input type="checkbox"/> Activity Proof –2<sup>+</sup> (For Sole Proprietorship Only)</div> </div>	
<b>3. Address Details</b> <sup>+</sup> (please refer the guidelines)	
<b>A. Registered Address*</b> Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____	
<b>B. Correspondence/Local Address in India</b> (if different from above)* Line 1* _____ Line 2 _____ Line3 _____ City/Town/Village* _____ District* _____ Pin Code* _____ State* _____ Country* _____	
	Applicant Digital Signature (DSC)

**Proof of Address\*** (attested copy of any one POA to be submitted — \*Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document _____
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	<b>Validity/Expiry Date of POA</b> (Expiry Date) ____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		

**4. Contact Details**

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (off) _____	Fax _____

**5. Annexures Submitted**Number of Related Persons - **6. Remarks / Additional Information****7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant Digital Signature (DSC)

Applicant Wet Signature

**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date _____ Emp. Name _____ Emp. Code _____ Emp. Designation _____	<input type="checkbox"/> Self certified document copies received (Originals Verified) <input type="checkbox"/> True Copies of documents received (Attested) AMC / Intermediary Name OR Code: _____
Employee Signature and Stamp	Employee Signature and Stamp

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**Know Your Client (KYC)****Annexure (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

....Exploring New Horizons

Intermediary  
Logo

Application Number:

Application Type\*: ☐ New KYC ☐ Modification KYC**1. Identity Details of Related Person** (please refer guidelines overleaf)

PAN\*

Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof)

Maiden Name\* (if any)

Fathers/Spouse's Name\*

Date of Birth\*

Gender\*

☐ Male☐ Female☐ Transgender

Nationality\*

☐ Indian☐ Other

Related Person Type\*

☐ Director☐ Promoter☐ Karta☐ Trustee☐ Partner☐ Court Appointed Official Proprietor☐ Beneficiary☐ Authorized Signatory☐ Beneficial Owner☐ Power of Attorney Holder☐ Others (please specify)

DIN: (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☐ A — Aadhaar Card

XXXX XXXX

☐ B — Passport Number

(Expiry Date)

☐ C — Voter ID Card☐ D — Driving License

(Expiry Date)

☐ E — NREGA Job Card☐ F — NPR☐ Z — Others

(any document notified by Central Government)

Identification Number

**2. Address Details\*** (please refer guidelines overleaf)**A. Correspondence/ Local Address\***

Line 1\*

Line 2

Line 3

City/Town/Village\*

District\*

Pin Code\*

State\*

Country\*

Address Type\*

☐ Residential/Business☐ Residential☐ Business☐ Registered Office☐ Unspecified

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* \_\_\_\_\_

Line 2 \_\_\_\_\_

Line3 \_\_\_\_\_

City/Town/Village\* \_\_\_\_\_ District\* \_\_\_\_\_ Pin Code\* \_\_\_\_\_

State\* \_\_\_\_\_ Country\* \_\_\_\_\_

Address Type\* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX \_\_\_\_

☐ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_

☐ C — Voter ID Card \_\_\_\_\_

☐ D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_

☐ E — NREGA Job Card \_\_\_\_\_

☐ F — NPR Letter \_\_\_\_\_

☐ Z—Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**3. Contact Details**

Email ID \_\_\_\_\_

Mobile No. \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: \_\_\_\_ (DD-MM-YYYY)

PLACE: \_\_\_\_\_

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

KYC carried out by\*

Intermediary Details\*

KYC Date \_\_\_\_

Emp. Name \_\_\_\_\_

Emp. Code \_\_\_\_\_

Emp. Designation \_\_\_\_\_

☐ Self certified document copies received (OVD)☐ True Copies of documents received (Attested)

Employee Signature and Stamp

Institution Name and Stamp

## Instructions/Guidelines for filling Individual KYC Application Form

### A. General Instructions:

1. Self-attestation of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per below list mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCI Card and overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.
11. Politically exposed persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Head of State or of Government, senior politician, senior government/judiciary/military officer, senior executive of state owned corporation, important political party official, etc.

### B. Proof of Identity (POI):

1. PAN card with photograph is mandatory for all applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card
3. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
4. Mention identification / reference number if 'Z – Others (any document notified by the central government)' is ticked.
5. Others – Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

### C. Proof of Address (POA):

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
2. Others includes – Utility bill which is not more than 3 months old of any service provider (electricity, landline telephone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India
3. Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members.
4. Self declaration of High courts/Supreme court judges, giving the new address in respect of their own accounts.
5. Proof of address in name of spouse may be accepted.
6. Registered lease or Sale agreement/ Flat maintenance bill / Insurance copy / Ration card / Latest Property tax
7. Original Verified Documents (OVD) are acceptable: Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving License / Letter issued by NPR / NREGA job card

**D. Exemptions/Clarifications to PAN (\*Sufficient documentary evidence in support of such claims to be collected)**

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
5. In case of institutional clients, namely FIIs, MFs, VCFs, FVCIs, Scheduled commercial bank, Multilateral and Bilateral development financial institutions, State Industrial development corporations, insurance companies registered with IRDA and public financial institutions as defined under section 4A of the Company Act 1956, custodians shall verify the PAN card details with the original PANs and provide duly certified copies of such verified PAN details to the intermediary.

**E. List of people authorized to attest the documents:**

1. Authorized officials of Asset Management Companies (AMCs).
2. Authorized officials of Registrar & Transfer Agent (RTA) acting on behalf of the AMC.
3. KYC compliant mutual fund distributors affiliated to Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)'.
4. Notary Public, Gazette Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.

**F. Online Mode Processing of KYC:**

1. ONLINE KYC
  - Applicant may directly upload their documents (OVD) as scanned images on intermediary's portal.
  - The documents should be digitally signed using DSC.
  - Intermediary attestation on documents (OSV) is exempted.

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Type of Entity	Additional Documents Required over and above PAN, POI and POA
Corporate	<ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years ( to be submitted every year).</li> <li>• Copy of latest share-holding pattern including the list of all those holding control, either directly or indirectly , in the company in terms of SEBI takeover regulations, duly certified by the company secretary/ whole time director/ MD (to be submitter every year).</li> <li>• Photograph, POI, POA, PAN and DIN number of the whole time Director/ 2 directors in charge of day to day operations.</li> <li>• Photograph, POI, POA, PAN of individual promoters holding control—either directly or indirectly.</li> <li>• Copy of Memorandum and Articles of Association and Certificate of Incorporation.</li> <li>• Copy of Board Resolution for Investment in security markets.</li> <li>• Authorized signatories list with specimen signatures.</li> <li>• Shareholding pattern.</li> </ul>
Partnership Firm	<ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years ( to be submitted every year).</li> <li>• Certificate of Registration (for registered partnership firms only).</li> <li>• Copy of Partnership Deed.</li> <li>• Authorized signatories list with specimen signatures.</li> <li>• Photograph, POI, POA, PAN of Partners.</li> <li>• Shareholding pattern.</li> </ul>
Trust	<ul style="list-style-type: none"> <li>• Copy of Balance Sheet for the last to financial years ( to be submitted every year).</li> <li>• Certificate of Registration (for registered Trusts only).</li> <li>• Copy of Trust Deed.</li> <li>• List of Trustees certified by Managing Trustees/ CA</li> <li>• Photograph, POI, POA, PAN of Trutees.</li> </ul>
HUF	<ul style="list-style-type: none"> <li>• PAN of HUF.</li> <li>• Deed of Declaration of HUF or List of Co-Parceners.</li> <li>• Bank Passbook / Bank statement in the name of HUF.</li> <li>• Photograph, POI, POA, PAN of KARTA.</li> </ul>
Banks/Institutional Investors	<ul style="list-style-type: none"> <li>• Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Unincorporated Association or a Body of Individuals	<ul style="list-style-type: none"> <li>• Proof of existence or Constitution document.</li> <li>• Resolution of Managing Body and power of Attorney granted to transact business on its behalf.</li> </ul>
Army/Government Bodies	<ul style="list-style-type: none"> <li>• Copy of Constitution/Registration or Annual report/Balance Sheet for the last 2 financial years.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Army/Government Bodies	<ul style="list-style-type: none"> <li>• Self certification on letterhead.</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
Registered Society	<ul style="list-style-type: none"> <li>• Copy of Registration Certificate under Society Registration Act.</li> <li>• List of managing committee members.</li> <li>• Committee Resolution for persons authorized to act as authorised signatories with specimen signatures.</li> <li>• True copy of society rules and by-laws certified by Chairman/Secretary.</li> </ul>
FPI Category I	<ul style="list-style-type: none"> <li>• FPI Certificate</li> <li>• Constitution Documents</li> <li>• Copy of Board Resolution (optional)</li> <li>• Shareholding pattern and Ultimate Beneficiary Owners List (UBO)</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>
FPI Category II	<ul style="list-style-type: none"> <li>• FPI Certificate</li> <li>• Constitution Documents</li> <li>• Copy of Board Resolution</li> <li>• Shareholding pattern and Ultimate Beneficiary Owners List (UBO) with UBO proof of identity</li> <li>• Authorized signatories list with specimen signatures.</li> </ul>